

**HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813

or P.O. BOX 616, HONOLULU, HAWAII 96809

TEL: (808) 587-0460 FAX: (808) 587-0470

email: ethics@hawaiiethics.orgWeb site: www.hawaii.gov/ethics

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STATE OF HAWAII
STATE ETHICS COMMISSION

NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Souki	Jeannine		808-544-8300
MAILING ADDRESS (Street)			FAX
999 Bishop St., 23rd Floor			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Watanabe Ing LLP			808-544-8300
MAILING ADDRESS (Street)			FAX
999 Bishop St., 23rd Floor			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

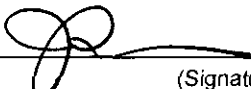
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
k12, Inc.		866-283-0300
MAILING ADDRESS (Street)		FAX
2300 Corporate Park Drive, Suite 200		EMAIL
(City)	(State)	(Zip Code)
Herndon	VA	20171
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Jeannine Souki		808-544-8300
MAILING ADDRESS (Street)		FAX
999 Bishop St., 23rd Floor		EMAIL
(City)	(State)	(Zip Code)
Honolulu	HI	96813

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Agriculture | <input checked="" type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

X  (Signature of Lobbyist) X 1/24/13 (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Bryan W. Flood	Senior Vice President

NAME OF ORGANIZATION (if applicable)

k12, Inc.

TELEPHONE

866-283-0300

MAILING ADDRESS (Street)

2300 Corporate Park Drive, Suite 200

FAX

EMAIL

(City)

Herndon

(State)

VA

(Zip Code)

20171

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

 (Signature of Authorizing Officer or Person Represented)

1/15/13 (Date)